

## **Highlands Classic & Enthusiast Motor Cycle Club**

(HCEMCC) P.O. Box 693 Moss Vale, NSW, 2577

of

Please print clearly! Especially the email addr	Membership Application Form uss as this is the way we send information.	
Name		
Street/P.O Box		
Suburb/Town		
State:	Postcode	
Mobile No.	Home No.	
Email address		
Emergency Contact	PhoneNo.	
Bike(s)		
Qualifications First Aid: Yes/No Others: (i.e. mechanic)	Advanced Rider: Yes/No	
Note: Do <b>NOT</b> pay until application be provided.	as been approved by the committee. If successful then payment details	will
their road legal motorcycles at all tirmembers of the committee will not a are involved in. "I agree with the above Group Ride pillion passenger if applicable) during insurance is my own personal response.	is available from the president if required or a copy can be downloaded for	ou h a nd
Signed:		
Date:		
Proposed by:		

Office check list: member created  $\square$  invoice created  $\square$  payment received  $\square$  recurring invoice  $\square$  add to contacts  $\square$  add to groups  $\square$  mail merchandise  $\square$